

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

10594848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26		8		6		
27		8		6		
28		8		6		
29		8		6		
30		8		6		
31		8		6		
32		8		6		
33		8		6		
34		8		6		
35		8		6		
36		8		6		
37		8		6		
38		8		6		
39		8		6		
40		8		6		
41		8		6		
42		8		6		
43		8		6		
44		8		6		
45		8		6		
46		8		6		
47		8		6		
48		8		6		
49		8		6		
50		8		6		
TOTAL IND.	20		17			
TOTAL DEP.	93	←	68	←	69	←
TOTAL CLAIMS	33		69			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			7			
TOTAL DEP.			6			
TOTAL CLAIMS			6			